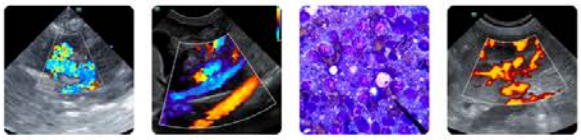


DATE

12/26/25

PATIENT

Ralph (Harford County Humane Society)

SPECIES

Canine

BREED

Mixed

SEX

Intact Male

AGE

12/24/21

WEIGHT

54 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalinowski

INVOICE

72773

PRESENTING CLINICAL SIGNS

Patient History: Came from HCHS- concern for possible bloat xrays from HCHS- no obvious signs of GDV; gas dilated loops of intestines- abnormal dilation bloodwork CBC- neutro- 14.14 lymph- 0.43 mono- 2.08 K- 3.3 4 idexx negative per notes- had been vomiting; had diarrhea ; got SQ fluids, cerenia and carprofen; neo poly bac in both eyes

Current Medications: Potassium Chloride, Metoclopramide, Ondansetron.
Labwork Results: Labwork attached. Repeat RADs are concern for FB. Loss of serosal detail. On repeat physical exam, a firm golf-ball sized mass(foreign material?) palpable in cranio-caudal abdomen. High concern for foreign obstruction in small intestines
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor.
Stat Report: Declined at this time.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is large, measuring 2.42 cm, but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.16 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.33 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 cm at the cranial pole and 0.46 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.61 cm at the cranial pole and 0.55 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen
The spleen is subjectively normal in size (2.26 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains mild fluid and shadowing ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Some of the areas of small intestine appear normal with uniform appearance and minimal fluid distention. Other areas appear more significantly fluid distended, creating two populations of bowel, some of which appear significantly fluid distended with a somewhat obstructive pattern, and others that appear non-fluid distended. Generally the small intestine appears normal in thickness. Duodenum wall measures 0.53 the jejunum measures 0.34 cm with intact wall layering. There is a focal section of bowel in the caudal abdomen most consistent with small intestine that has focal hard shadowing intraluminal material. The bowel appears fluid distended proximal to the lesion and empty distal, most concerning for obstructive foreign material.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas
The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen
There is a small amount of free abdominal fluid. There are occasional prominent/mildly enlarged mesenteric lymph node. A cluster at the mesenteric root measure 0.98 cm x 1.32 cm and 1.04 cm x 2.54 cm. The omentum is mildly diffusely hyperechoic.

Other
Both testicles are visualized and appear within normal limits.

PRIMARY FINDINGS

- Mild fluid/soft shadowing ingesta material visualized within the stomach – Correlate with feeding history. Findings could be consistent with delayed gastric emptying or less likely ingested foreign material.

- Areas of significantly fluid distended bowel, most consistent with an obstructive pattern, with focal

hard shadowing ingesta visualized, concerning for obstructive foreign material.

- Small volume free abdominal fluid and mesenteric inflammation.

SECONDARY FINDINGS

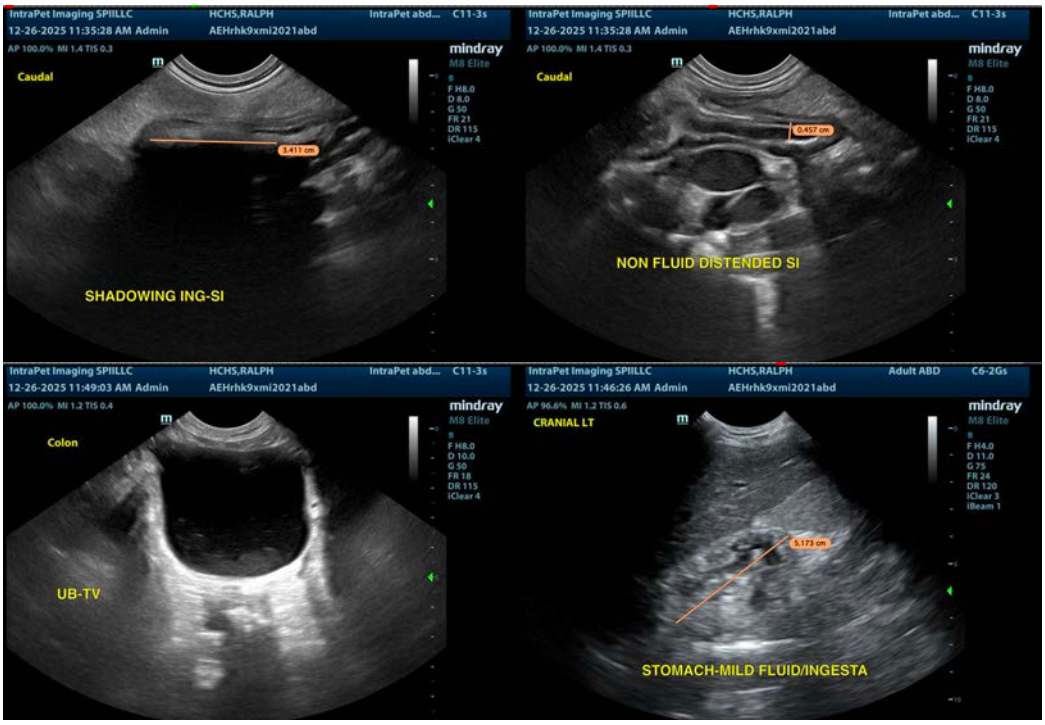
- Mild echogenic debris visualized within the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

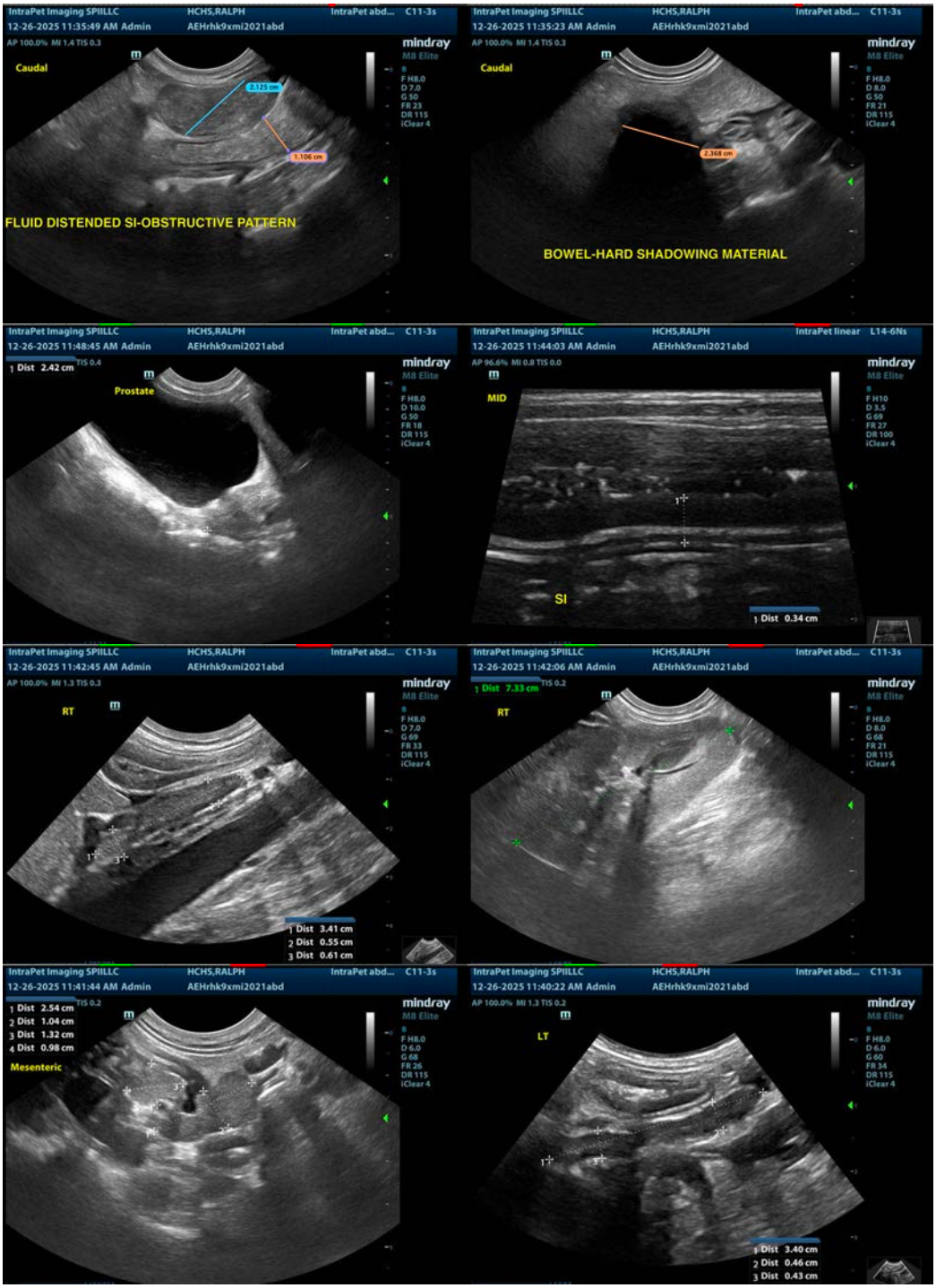
- Prominent prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appears to be two populations of small intestine present. Some of the small bowel appears significantly fluid distended while other areas appear relatively normal. In the caudal abdomen there is a focal section of intestine with hard shadowing ingesta and proximal dilation concerning for obstructive foreign material. Correlate with clinical findings, radiographs, etc. If there is a significant concern for obstructive foreign material, exploratory should be considered with the objective of evaluation for obstructive foreign material and obtaining biopsies of the GI tract. If this does not fit with clinical assessment, you could consider IV supportive care, rehydration, and reassessment in 6-8hrs to see if the obstructive pattern has improved.

If surgery is delayed, consider sampling of the free abdominal fluid with cytologic evaluation/fluid analysis to rule out the likelihood of a septic peritonitis (which would be an indication for emergency explore).




IntraPet Imaging SPIILLC
HCHS,RALPH
12-26-2025 11:35:49 AM Admin
AEHrhk9xmi2021abd
Caudal
2.125 cm
1.106 cm
FLUID DISTENDED SI-OBSTRUCTIVE PATTERN
12-26-2025 11:35:23 AM Admin
2.368 cm
BOWEL-HARD SHADOWING MATERIAL
12-26-2025 11:48:45 AM Admin
1 Dist 2.42 cm
Prostate
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MID
SI
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RT
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2 Dist 0.55 cm
3 Dist 0.61 cm
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1 Dist 7.33 cm
RT
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1 Dist 2.54 cm
2 Dist 1.04 cm
3 Dist 1.32 cm
4 Dist 0.98 cm
Mesenteric
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LT
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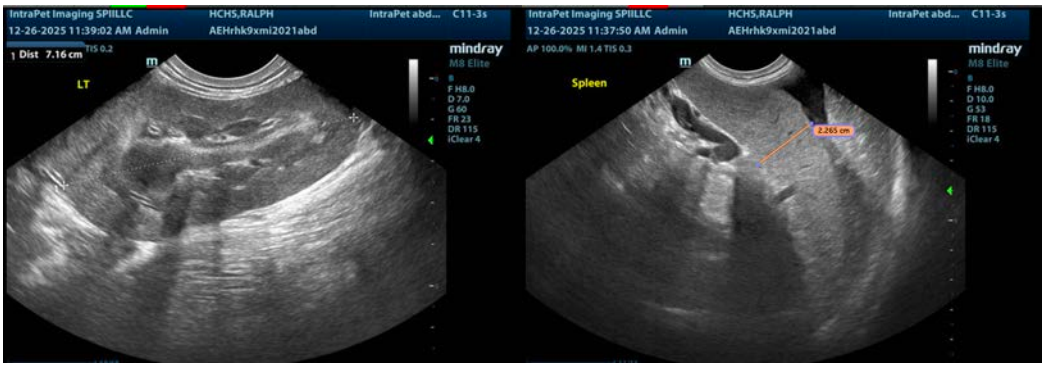
2 Dist 0.46 cm
3 Dist 0.43 cm



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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